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ABSTRACT

Couples therapy interventions can be used with alcohol abusers and alcoholics during three broadly defined states of recovery: (1) initial commitment to change; (2) change itself; and (3) long-term maintenance of change. Intervening with the alcoholic's spouse (and/or other nonalcoholic family members) can motivate and reinforce commitment to change in the alcoholic who is unwilling to seek help or reluctant to continue in treatment. Simple and inexpensive methods of intervening with the spouse and family have increased continuing treatment participation by alcoholics. In a 2-week residential detoxification program, the continuation rate increased by 57 percent in the 2 years after the introduction of a family program that involved routinely meeting with a spouse and establishing a contract specifying contingencies regarding further treatment. Couples or spouse-involved therapy, either alone or in addition to individual treatment for the alcoholic, produces better outcomes during the year after treatment entry than individual methods. Recent well-controlled studies have focused on behavioral marital therapy (BMT). Currently a very promising couples therapy approach is BMT that combines both a focus on the drinking plus work on more general marital relationship issues. However, the BMT outcomes and their degree of superiority over individual treatment have been shown to fade over time, suggesting a need for treatment and research designed to specifically enhance maintenance after BMT alcoholism treatment. (23 references) (LLL)

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USING COUPLES THERAPY IN TREATMENT OF ALCOHOLISM

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USING COUPLES THERAPY IN TREATMENT OF ALCOHOLISM

The interest in and enthusiasm for couples therapy in alcoholism treatment derives from several sources. Many alcoholics have extensive marital problems (e.g., O'Farrell & Birchler, 1987), and positive marital adjustment is associated with better alcoholism treatment outcomes at follow-up (e.g., Finney, Moos, & Mewborn, 1980). Further, growing clinical and research evidence suggests a reciprocal relationship between marital interactions and abusive drinking. Abusive drinking is associated with marital discord, among the more serious of which are separation/divorce and spouse abuse. At the same time, marital problems may stimulate excessive drinking, and couple interactions often help to maintain alcohol problems once they have developed. Finally, even when recovery from the alcohol problem has begun, marital and family conflicts may often precipitate renewed drinking by abstinent alcoholics (Maisto, O'Farrell, Connors, McKay, & Pelcovitz, 1988; Marlatt & Gordon, 1985).

This paper presents couples therapy interventions for use with alcohol abusers and alcoholics during three broadly defined states of recovery (Prochaska & DiClemente, 1983): (a) initial commitment to change -- recognizing that a problem exists and deciding to do something about it; (b) the change itself -- stopping abusive drinking and stabilizing this change for at least a few months; and (c) the long-term maintenance of change.

A number of years ago, the Second Special Report to the U.S. Congress on Alcohol and Health (Keller, 1974) called marital and family treatment approaches "one of the most outstanding current advances in the area of psychotherapy of alcoholism" (p. 116) and called for controlled outcome studies to evaluate this promising treatment method. The years since this report have produced considerable progress in research on the effectiveness of marital and family therapy to initiate, stabilize and maintain recovery from alcoholism. This paper presents conclusions and illustrative studies and treatment methods from recent reviews of this literature (O'Farrell, 1988, 1989; O'Farrell & Cowles, 1989). Nearly all the studies in this area of research have considered couples therapy and spouse-involved treatment (rather than other forms of family therapy).

Conclusion

Intervening with the alcoholic's spouse (and/or other nonalcoholic family members) can motivate and reinforce commitment to change in the alcoholic who is unwilling to seek help or reluctant to continue in treatment.

Illustrative Studies and Treatment Methods

Motivating the alcoholic to enter treatment. Interventions directed to the nonalcoholic spouse (and/or other nonalcoholic family members) have proven useful in motivating the alcoholic to seek help. Sisson and Azrin (1986) investigated the effect of family members' (usually wives) involvement in a reinforcement program designed to teach interactionally-based behavioral contingency skills for coping with the alcoholic. The reinforcement program resulted in significantly more alcoholics entering treatment than did a more traditional program for family members which consisted of alcohol education, individually-oriented supportive counseling, and referral to Al-anon. Unilateral Family Therapy (UFT) is an intervention with the spouse to improve spouse coping, reduce drinking by the alcohol abuser, and promote treatment entry for the alcohol abuser (Thomas & Santa, 1982). A pilot study showed that 61 percent of the alcohol abusers with spouses who received UFT improved by decreased drinking and/or movement into treatment while none of the alcohol abusers with spouses in the no treatment group showed improvement. (Thomas, Santa, Bronson and Oyserman, 1987). Finally, a recent quasi-experimental study (Liepman, Nirenberg and Begin, 1989) provided the first empirical support for the widely used Johnson Institute "intervention" procedure, which involves three to four educational and rehearsal sessions with family members prior to confronting the alcoholic about his or her drinking and strongly encouraging treatment entry (Johnson, 1986). Results indicated that alcoholics whose families completed the entire intervention including the confrontation session were significantly more likely to enter treatment and spent more time abstinent than were alcoholics whose families did not complete the confrontation session.

Each of these three methods to motivate change in the resistant alcoholic have a number of goals in common even if the importance of the goals varies from one approach to the other. These common

goals include educating the spouse about alcoholism, reducing spouse emotional distress, and decreasing behavior that enables drinking. The type and importance of confrontation in motivating the alcoholic to seek help, however, does vary for the three approaches. The Johnson Institute intervention relies heavily on an "intervention" session in which a counselor aids the spouse (as well as other family members and other members of the alcoholic's social network, e.g., employer) in confronting the alcoholic about the negative effects of his or her drinking and requesting the alcoholic to enter treatment. A programmed confrontation by the spouse at home with the alcoholic is the last part of the extensive multifaceted Unilateral Family Therapy method; the confrontation is used only when other previous steps in this therapy have failed to change the alcoholic's drinking. Sisson and Azrin's approach does not use confrontation. Rather the spouse is taught to request that the alcoholic seek counseling at a time when the alcoholic is motivated to stop drinking (generally after a specific occasion when drinking has caused a serious problem).

Motivating and reinforcing continuation in treatment. Simple and inexpensive methods of intervening with the spouse and family have increased continuing treatment participation by alcoholics. Two recent studies with alcoholics in VA settings illustrate these approaches. In a two-week residential detoxification program, the continuation rate (i.e., transfer to longer term treatment after detoxification) increased by 57% in the two years after the introduction of a family program that involved routinely meeting with a spouse and establishing a contract specifying contingencies regarding further treatment for the alcoholic (Thomas, Weaver, Knight & Bale, 1986).

In a second study, 50 male participants in a 28-day VA inpatient alcoholism rehabilitation program were randomly assigned to a home-based attendance contract or to standard procedures to encourage aftercare participation. The contract procedure, which involved the spouse providing an agreed-on reinforcer (e.g., special meal) for each aftercare appointment kept by the alcoholic, produced better aftercare attendance and less drinking in the six months after inpatient treatment than did the standard procedure. (Ahles, Schlundt, Prue, and Rychtarik, 1983; Ossip-Klein, Vanlandingham, Prue, & Rychtarik, 1984). The results of these two studies are important since longer exposure to treatment produces better outcomes among patients with more severe alcohol problems.

Conclusion

Couples or spouse-involved therapy, either alone or in addition to individual treatment for the alcoholic, produces better outcomes during the year after treatment entry than individual methods.

Illustrative Studies and Treatment Methods

Although a number of studies using a variety of approaches have evaluated couples therapy in the early recovery period, recent well-controlled studies have focused on behavioral marital therapy (BMT). Currently, a very promising couples therapy approach is BMT that combines both a focus on the drinking plus work on more general marital relationship issues. Two alcohol-focused methods have been used in recent BMT studies: a behavioral contract between alcoholic and spouse to maintain Antabuse (disulfiram) ingestion; and "Alcohol-Focused Spouse Involvement" which consists of rearranging reinforcement contingencies in the family to decrease family member behaviors that trigger or enable drinking and to increase positive reinforcement for sobriety. BMT methods focused on the marital relationship have involved increasing positive couple and family activities and teaching communication and negotiation skills. Two recent studies provide outcome data on BMT with alcoholics.

Counseling for Alcoholic's Marriages (CALM) Project. In the first Project CALM study (O'Farrell, Cutter & Floyd, 1985), couples in which the husband had recently begun individual alcoholism counseling were randomly assigned to a no-marital-treatment control group or to 10 weekly sessions of either a BMT (Antabuse Contract plus instigation of positive couple activities and behavioral rehearsal of communication and negotiation skills) or an interactional (largely verbal interaction and sharing of feelings) couples group. Results showed that male alcoholics who received a BMT couples group in addition to alcoholism counseling: (a) had better marital adjustment test scores and fewer days separated during and in the year after treatment than couples who received no additional marital therapy; (b) had better marital adjustment scores and fewer days drinking during treatment than couples who received the interactional couples group but that BMT and interactional treatment did not differ after treatment ended.

Program for Alcoholic Couples Treatment (PACT) study. McCrady and colleagues (McCrady, Noel, Abrams, Stout, Nelson & Hay, 1986) randomly assigned alcoholics and spouses to one of three outpatient behavioral treatments: (a) minimal spouse involvement (MSI) in which the spouse simply observed the alcoholic's individual therapy; (b) alcohol-focused spouse involvement (AFSI) which included teaching the spouse specific skills to deal with alcohol-related situations plus the MSI interventions; (c) alcohol behavioral marital therapy (ABMT) in which all skills taught in the MSI and AFSI conditions were included as well as BMT to increase positive activities and teach communication and negotiation skills. Results at 6 month follow-up indicated that all subjects had decreased drinking and reported increased life satisfaction and suggested ABMT led to better treatment outcomes than the other spouse-involved therapies. Specifically, ABMT couples (a) maintained their marital satisfaction after treatment better and tended to have more stable marriages than the other two groups, and (b) were more compliant with homework assignments, decreased the alcoholics' number of drinking days during treatment, and their post-treatment drinking increased more slowly than AFSI couples.

Couples Therapy and Maintaining Long-Term Recovery

Conclusion

Couples therapy may reduce marital and drinking deterioration better than individual methods during long-term recovery.

Illustrative Studies and Treatment Methods

Research is just starting to focus on the effects of couples therapy during long term recovery. Data available come from long-term follow-up outcomes of recent studies, the intermediate term outcomes of which have just been reviewed. Results from the CALM and PACT studies, which have been presented but not published yet (O'Farrell, Cutter, Choquette, Brown, Bayog & Worobec, 1989; Stout, McCrady, Longabaugh, Noel, and Beattie, 1987), suggest that BMT with both an alcohol and relationship focus may reduce marital and/or drinking deterioration during long-term recovery. Nonetheless, in both studies, the BMT outcomes and their degree of superiority over individual treatment continue to fade over time suggesting a need for treatment and research designed specifically to enhance maintenance

after BMT alcoholism treatment.

O'Farrell and colleagues are currently conducting a second Project CALM study to evaluate whether couples who receive BMT couples relapse prevention sessions in the year after short-term BMT show better long term maintenance than those who do not. In this study, couples with an alcoholic husband, after participating in weekly BMT couples sessions for five months, were assigned randomly to receive or not receive 15 additional conjoint couples relapse prevention (RP) sessions over the next 12 months. The RP sessions, which followed recent recommendations for booster maintenance interventions (Whisman, 1990), had three major components: (a) to help the couple maintain the marital and drinking gains achieved during the initial BMT; (b) to use the therapist's assistance and the skills learned in BMT to deal with marital and other issues still unresolved or that emerged after the couples group; and (c) to develop and rehearse a Relapse Prevention Plan that included identifying high risk situations and early warning signs for relapse and planning how to deal with any drinking that might occur in a way likely to minimize the length and consequences of the drinking (Marlatt & Gordon, 1985). Results currently available showed that during the year after BMT alcoholics who received RP after BMT had more days abstinent, maintained their improved marriages better, and used behaviors targeted by BMT more than those who received BMT alone. Longer term follow-up currently in progress will reveal whether the superior results for couples therapy RP continues in the years after RP ends, the time period of greatest interest.

Overall Conclusions

This brief paper has provided conclusions and illustrative studies and treatment methods from research on the effectiveness of couples therapy and spouse-involved treatment to initiate, stabilize, and maintain recovery from alcoholism. To summarize, currently available research suggests that various specific couples based interventions can be used effectively to : (a) motivate an initial commitment to change in the alcoholic; (b) help stabilize the marital relationship and support improvements in the alcoholic's drinking during the year after treatment entry; and (c) reduce deterioration and support maintenance of marital and drinking gains during long-term recovery. Additional and more rigorous

research could and should provide an even firmer basis for and test of these conclusions. In closing, please note that the current literature provides sufficient support for the effectiveness of couples therapy with alcoholics to recommend that both couples therapists and alcoholism treatment professionals should learn and use BMT and other methods supported by research so that alcoholics and their families might benefit.

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